

# **EXHIBIT C**



## Expatriate Exam Recommendations GO-1769

Examiner: When completed, please forward to the Chevron regional medical manager office checked below:

Americas: Chevron Health and Medical, P.O. Box 6024, San Ramon, CA , USA 94583  
 Asia / Pacific Region: Chevron International Pte LTD, Health and Medical, Chevron House, 30 Raffles Place #21-01, Singapore 048622  
 Europe / Eurasia / Middle East / Africa: Chevron Health and Medical 1 Westferry Circus, Canary Wharf, London, UK, E14 4HA  
 Chevron Shipping Medical Manager, 6101 Bolinger Canyon Road, BR1, Room 4646, San Ramon, CA, USA 94583  
 Other Chevron Medical Facility:

### Part A – Examinee Information

For medical confidentiality, please complete one form per examinee. If the examinee is a dependent, please complete Part B below.

Last Name SNOOKAL	First Name MARK	MI MVZM	CAI	Birth Date (mm/dd/yyyy) [REDACTED]	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Examinee ID
Job Title IEA RELIABILITY TEAM LEAD	Operating Company			Current Work Location EL SEGUNDO, USA	Destination Location ESCRAVOS, NIGERIA	

### Part B: Chevron Employee Information

If the examinee is a dependent, please complete this section with the Chevron employee information.

Last Name	First Name	CAI	Chevron Employee ID
Job Title	Operating Company	Current Work Location	Destination Location

Number of dependents in Host Location: \_\_\_\_\_

### Part C – OpCo / Business Unit Contact – Human Resources, Sponsor (if applicable), other.

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Contact Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

### Part D – Examination - The recommendation below is based on a review of the medical history and physical examination.

Exam Type: INITIAL EXPAT EXAM (ROTATIONAL)

Date of Exam (mm/dd/yyyy): 07/24/2019 Exam Location: MEL DEL RAY

State/Province: CALIFORNIA

Country: USA

#### Disposition

Employee

FIT for Duty

NOT FIT for Duty

Describe: REMOTE LOCATION. CAN BE CLEARED FOR ASSIGNMENT IN LAGOS

FIT for Duty with Limitation(s) (list below and provide estimated duration of limitations)

Describe: \_\_\_\_\_

Failed to comply with requested evaluations

Describe: \_\_\_\_\_

Exam Periodicity:  One Year  Two Years  Other

Dependents

Cleared

Not Cleared

Describe: \_\_\_\_\_

Cleared with Limitation(s) (list below and provide estimated duration of limitations)

Describe: \_\_\_\_\_

Failed to comply with requested evaluations

Describe: \_\_\_\_\_

Exam Periodicity:  One Year  Two Years  Other

Examiner Name (please print)

DR. ASEKOMEJI ESHIOFFE

Signature

Date (mm/dd/yyyy)

08/15/2019

Address

CHEVRON HOSPITAL

City

WARRI

State/Province

DELTA

Postal/Zip Code

Country

NIGERIA

GO 1769 (9-13)

CUSA000564

EXHIBIT C-1